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transmissed to the USPTO (703) 746-4000, on the date indicated below. JAMES C. LYDON 100 DAINGERFIELD ROAD **SUITE 100 ALEXANDRIA, VA 22314** (Depositor's name Lydon (Sla ukna (Date 18, February 2005 FIRST NAMED INVENTO ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 12/13/2001 Bruno Colin **BONN-069** TITLE OF INVENTION: VALVES ENABLING A LIQUID TO BE DIRECTED IN A DIAGNOSTIC CHART DIAGNOSTIC CHARTS AND DIAGNOSTIC DEVICE COMPRISING SEVERAL CHARTS PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE SMALL ENTITY ISSUE FEE APPLN. TYPE 04/12/2005 \$1400 ¢n \$1400 nonprovisional NO EXAMINER ART UNIT CLASS-SUBCLASS NAGPAUL, JYOTI 422-103000 1743 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 James C. Lydon (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRAZ-22/2005 NBIZUNE2 00000078 10009824 (A) NAME OF ASSIGNEE Marcy L'Etoile, FRANCEFC:1501 1400.00 OP Biomerieux S.A. Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🔯 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): XX Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card, Form PTO-2038 is attached. The Director is hereby authorized by Deposit Account Number 50-1258 required fise(s), or credit any overpayment, to (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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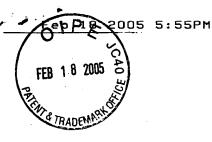
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